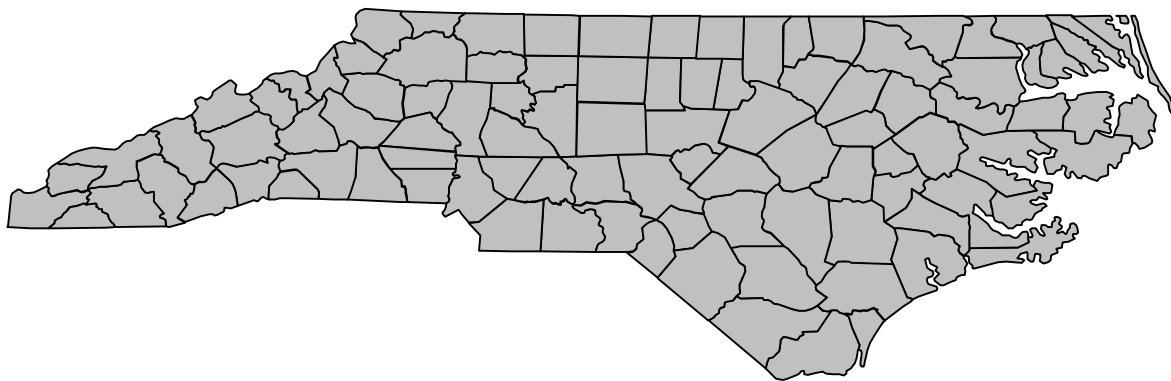


**North Carolina Division of Mental Health, Developmental
Disabilities, and Substance Abuse Services**

**Quarterly Report on
Critical Incidents, Deaths, and
Use of Seclusion and Restraint in Area
Authorities/County Programs**

**for Third Quarter State Fiscal Year 2003-2004
(January-March 2004)**



prepared by

Quality Management Team
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North Carolina Department of Health and Human Services

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Notes for Third Quarter Report

As now required by North Carolina General Statute, Area Authorities/County Programs (AA/CPs) receive and must review all Critical Incidents and Death Reports from Category A and B providers as defined in 10A NCAC 27G.0602 in their catchment areas for mental health, developmental disability and substance abuse services. Programs are to analyze this collected information as part of their quality management efforts and to report summarized information to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services quarterly. This is the third statewide quarterly report summarizing this new information. The reporting and analysis of information on critical incidents and deaths must be an important part of any effort to manage the quality of care being delivered. This statewide report is meant to support local efforts in improving the quality of care being delivered.

This report is organized around two main sections. The first section of the report summarizes the findings of AA/CPs with regards to their own analyses of the data, highlighting common areas of concern and some of the quality improvement steps being taken.

The second major section of the report summarizes collected data on a variety of types of deaths, critical incidents, and the use of seclusion and restraint in local areas. The reporting includes data on 122C licensed facilities, except hospitals, and unlicensed community-based providers. The reporting does not include data on state institutions, hospitals, nursing homes or other category C providers which are not covered by the new regulations. The types of incidents include deaths; abuse, neglect, or exploitation; injury requiring treatment by a physician; medication errors; the use of seclusion and restraint; and other types of critical incidents.

This statewide reporting on critical incidents is a new process. Accordingly, it is understood that initially there will be some incomplete reporting as the new regulations are fully put into place. Additionally, the process of deciding how best to summarize and share this collected information is likely to change over time as a better understanding of the issues is gained. This is a developmental process which should improve over this first year.

Please give us feedback!

We hope the information in this report will begin to provide a useful overview of the numbers of critical incidents, deaths, and use of seclusion and restraint being reported across the community system in North Carolina. The process of constructing and improving these reports is ongoing. We welcome your suggestions on how we can make them more useful and more relevant to your questions and concerns. To provide feedback please contact:

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Report Summary

As noted in the introduction, the statewide reporting of critical incidents and deaths is a new process. The task of implementing this new process when combined with the major changes being undertaken in how local services are being provided and managed mean that this will of necessity be a developmental process. Time will be needed to get all providers fully reporting the required data.

The most important difference in the report this third quarter is a reduction in the number of area authorities/county programs (AA/CPs) from 36 to 33. This reduction reflects the ongoing consolidation of local programs into larger catchment areas as part of the statewide reform effort. To allow for comparisons across time, the prior two quarters of data have been consolidated for those programs which were joined into a larger whole. This will make it easier to understand the changing levels of reported critical incidents and deaths by catchment area over time. As other programs consolidate in the future, additional adjustments will be made when they join. Because two former programs, Davidson and Rutherford-Polk, had missing data for the second quarter, the new second quarter numbers for the consolidated programs they joined, Piedmont and Western Highlands respectively, are low because of the missing data. This also affected the statewide numbers slightly as their client population numbers reentered the totals.

The total number of critical incident and deaths reported declined slightly in the third quarter. However this pattern was not consistent across the state as some programs showed a decline while others saw increases. The rate of reported critical incidents and deaths statewide was 7.3 per 1000 active consumers. This represents a slight decline from the second quarter (which is missing some data from the non-reporting programs) and matches the rate from the first quarter. Interestingly, the number of providers submitting critical incident and death reports statewide has increased each quarter and is 20 percent higher in the third quarter than the first. The average number of reports per provider has declined statewide and the variation in averages among AA/CPs has declined as well. The larger number of providers submitting reports suggests better compliance with the reporting requirement but the decline in overall numbers of reports will need to be watched to see whether it reflects underreporting, lowered reporting due to a better understanding of what is required to be reported, or true reduction in incidents.

Assessments by AA/CPs about the trends in their own catchment areas provide a mixed picture about the level of reporting. While some programs have noted increased reporting, others have seen decreased reporting. On a positive note, the two most common patterns identified among AA/CPs are their increased monitoring of providers based on reports received and making decisions on training based on trends observed. Both of these reflect good quality improvement feedback linkages of tying the data

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Summary of Trends Reported

One of the purposes of reporting critical incidents, deaths, and use of seclusion & restraint quarterly is to identify trends and patterns across the state that provide shared opportunities for improvement. Common trends across area authorities/county programs (AA/CPs) may indicate opportunities for AA/CPs to learn from each other. They may also point to issues that need to be addressed systematically statewide, either by the Division or by the NC Council of Community Programs.

The table below lists patterns identified by AA/CPs during the third quarter of reporting. **The two most common patterns identified are increased monitoring of providers based on reports and making decisions on training needs based on trends. Both of these reflect good quality improvement feedback linkages between the data and follow-up actions.**

	Identified Trends	Number (Percent) of AA/CPs Citing This Issue (33 total)
Critical Incidents	Increased reporting of incidents	4 (12%)
	Decreased reporting of incidents	3 (9%)
	Reporting of non-critical incidents; wrong forms	3 (9%)
	Late, under- and inaccurate reporting	2 (6%)
	Report sent to wrong AA/CP	1 (3%)
	Diligent reporting by some providers (compared to others)	1 (3%)
	High numbers of client absences (either single provider, single consumer, or child residential providers)	2 (6%)
	High number of medication errors (either single provider or multiple providers)	5 (15%)
	High number of suspensions (single provider)	1 (3%)
	Reduced reporting of abuse/neglect	1 (3%)
	Increased reporting of abuse/neglect	1 (3%)
Deaths	Late, inaccurate, or incomplete reporting of deaths	4 (12%)
Seclusion and Restraints	High use of restrictive interventions (either single provider, multiple providers or single consumer)	3 (9%)
	Increased use of restrictive interventions	3 (9%)
	Decreased use of restrictive interventions	3 (9%)
	Under-reporting of restrictive interventions	2 (6%)
AA/CPs Use of Reports and Trends	Making decisions on training needs based on trends	8 (24%)
	Reviewing treatment plans based on trends	2 (6%)
	Watching patterns to see if trends develop	2 (6%)
	Increased monitoring of providers based on reports	10 (30%)
	Review of provider's monitoring based on report	1 (3%)

Examples of Trend Analysis Reported

The area authority/county program (AA/CP) reports cited below provide an overview of how AA/CPs are identifying and responding to patterns in deaths, critical incidents and/or use of seclusion and restraints. Excerpts from these reports are included because they provide good examples of (1) providers' compliance with the reporting process; (2) identification of patterns/trends; (3) actions being taken in response to trends.

Permission to identify the AA/CPs being quoted by name has been received from the AA/CPs who have been cited in this report.

Reporting Compliance

Three Area Programs/LMEs have reported increased reporting compliance: increase of CI reports as well as more varied types of incidents. Five others reported possible under-reporting.

Increased Reporting:

Alamance-Caswell

There continues to be an increase in the reported incidents. This could be as a result of providers getting the information on state and local requirements.

Cumberland

The total number of incidents reported is skewed by the large number of missed medication incidents. One consumer refused his medication on 74 occasions.

Providers are educated about the differences in reporting events that occur in the facility or related to treatment and those outside of their service delivery system; however, we encourage them to report anything that they are not clear about to ensure that as many incidents as possible are checked out.

Eastpoint

During this quarter, the frequency increased over the last reporting period as reported by an increase of 6 providers and 19 critical incidents. We believe this increase is due in large part to awareness of reporting requirements as covered during a training event during this quarter for providers.

Underreporting:

CenterPoint

Fewer numbers of providers submitted Critical Incident/Death Reports this quarter than last (9 versus 12). The overall number of providers submitting reports remains low.

Foothills

The total number of critical incidents decreased again this month. Accidents requiring treatment by a physician decreased due to minor injuries not requiring treatment. There were twelve (12) medication errors overall; however, these errors occurred among seven (7) different providers.

Pitt

(1) 7 out of 17 providers reporting critical incidents were in-house programs. (2) It appears that providers continue to under report critical incidents. (3) 5 out of 6 incidents [reported] by *provider* involved one specific consumer and technical assistance has been provided to the Case Manager and *provider* to help [develop/identify] alternative treatment measures. (4) We continue to identify providers that need technical assistance with reporting during the routine monitoring visits. These visits have been very helpful in identifying those providers who do not report critical incidents or report using the wrong forms.

Rockingham

Providers had been submitting incident reports on the Critical Incident Report form for all incidents, even those that did not meet the criteria for a "critical" incident. Since they are only reporting critical incidents now, the number of incident reports being received by the Area Program has decreased significantly.

Southeastern Center

It continues to appear that underreporting is going on in regards to providers sending in reports that met the critical incident report criteria. There is also a concern in regard to the time frame that reports are submitted. Many providers are not meeting the 72-hour reporting criteria.

Changes in the Reported Use of Seclusion and Restraints

Crossroads

One provider is a large provider of children's services including residential level II and III and day treatments. Day treatment programs are increasing the number of seclusions and decreasing physical restraints. Close regular monitoring of these consumers occur through case management, QI, and client rights as well as risk management committee.

Cumberland

There was a substantial increase in the number of therapeutic holds and the number of consumers involved in the interventions. Part of this is related to having more providers reporting information to the area program.

New River

Reported incidents of restraints have declined significantly.

O-P-C

No trends noted in incident that was reported. However, we have noticed a significant decrease in the number of restrictive interventions reported since the implementation of SB 163.

Piedmont

A total of 85 restraints were used for this quarter on 42 clients. The majority of restraints were on children who displayed aggressive behaviors or who were endangering themselves or others. Providers also completed multiple forms for restraints for each behavior displayed which showed an increase in number of uses.

Analyses of Individual Consumer Incidents

Durham

While it appears that the number of consumers absent more than 3 hours rose again sharply, this is explained by the fact that out of the 16 reported incidents 12 were for the same consumer from the same residential program. A review of the file shows that this consumer was [moved to] a new residential provider on March 20, 2004. This provider will be monitored for similar incidents.

Cumberland

The total number of incidents reported is skewed by the large number of missed medication incidents. One consumer refused his medication on 74 occasions. He has multiple medications that are supposed to be taken 3 times per day. He would agree to take one and not the others at different times. The case manager has coordinated treatment team meetings and facilitated ongoing consultation with the physician as well as coordinated frequent medication evaluations. Consumer's behavior is being monitored closely by the provider; however, the provider was not following up with the physician or pharmacist when meds were missed.

There were also therapeutic holds reported for some of the therapeutic foster care providers. Again, providers are being encouraged to assess alternatives to the use of restrictive interventions. For the three consumers in multiple holds, these appeared clinically indicated due to excessive assaultive behavior and property destruction that could have resulted in injury to the consumers. One of the consumers is in the process of being relocated to an alternative facility that should better meet his need. Another was hospitalized twice to have medications stabilized and now is doing well. The area program will continue to analyze this data with providers to determine training needs and monitoring needs.

Analyses of Individual Provider Incidents

Albemarle

Critical incidents are evaluated monthly by the Quality Assurance Committee and Client Rights Committee of the Center to determine effectiveness of intervention / behavior plans. The Committees have focused in on Medication Errors and trends of one specific provider of residential services to the MR/MI population.

CenterPoint

Number of deaths reported is stable (3 due to illness/natural causes; 2 due to unknown reasons). Only 2 provider groups report death. One is the largest provider in the catchment area. The other provider serves very medically fragile developmentally disabled consumers.

New River

One facility has had a significant number of med errors. Risk Mgmt Committee is monitoring the reports. The agency's responses have been appropriate and one individual has been terminated after the last incident.

O-P-C

After reviewing several incidents involving injury from opened can lids, Incident Review Committee recommended that provider purchase a safety can opener.

Piedmont

Fifteen follow-ups were done on providers who had reports that were submitted and reviewed by PBH staff. A complaint was received on consumers being left unsupervised with a certain provider. PBH staff assisted with the investigation and the contract was terminated.

VGFW

3 injuries from falls; 2 injuries from other clients; 1 self injury by striking wall with fist. 7 medication incidents with no harm to clients. 1 Group Home responsible for 4 med events (3 missed doses; 1 wrong dose). QM Dept. is investigating trend. 1 contract provider responsible for 3 med events (1 wrong med; 1 wrong dose; 1 missed dose). QM Dept. is investigating trend. 1 alleged abuse of client related to staff verbal abuse. Event confirmed; employee terminated.

Western Highlands

Four Client deaths were reported for the quarter. Two deaths were due to suicide and the other two, their causes were unknown. No restraints/seclusion within seven days. Both suicides are under investigation and will be reviewed further on the LME level. Each death was discussed with the individual providers to convey the seriousness of the situation and the importance of detail data reporting in these events.

Technical Assistance to Providers

Cumberland

We are seeing more awareness by providers of the need to err on the side of ensuring the health and well being of the consumer rather than giving a staff member the benefit of the doubt because "I just don't think it happened." Providers reporting are also indicating that staff involved are immediately removed from contact with clients until there is an investigation. Some providers have indicated this poses a hardship because of their limited staff resources. In provider meetings, they are encouraged to share ideas on how they handle their staffing concerns during allegation investigations as well as how to help the accused staff cope with being falsely accused at times. Education is provided on how making false allegations is sometimes a part of the consumer's behavior profile and providers need to be prepared to work with consumers with these problems. Some providers have indicated that they do not want to work with consumers who will make an allegation and have also stated that the first time it happens, they will discharge the consumer. Again, ongoing training, sharing of information among providers and strategies for intervening early with a consumer will continue to be offered in addition to helping providers understand that consumers do have difficult and complex profiles. It is clear that the populations being served in community settings are more severe than in the past; thus, more emphasis on competencies with the population served will be needed as well as flexibility in staffing.

During the past year, the Area Program has been emphasizing the importance of a strong QI system, asking providers to look at their data and outcomes in preparation for submission to the area program. Several providers are clearly starting more internal review of their programs and services. Providers were asked to submit a quarterly analysis of the use of restrictive interventions for the 2nd quarter. This data was then reviewed by the area program. Some providers demonstrated good data and trend analysis, showing the types of interventions used with each client, by staff and by shift noting the antecedents to the intervention and what plans were being put into place to address problem areas that were identified for the consumer as well as within their system. Others only submitted copies of incident reports or narratives on each incident while many said they had nothing to report. Plans are to utilize providers with a good grasp on how to use their data in training other providers or offering mentoring. A couple of providers had data since July and were able to show what they are doing to work more effectively with the consumer population being served.

Local Program Catchment Area Changes

As reform is being implemented in the North Carolina public mental health, developmental disability, and substance abuse service system, local programs are being consolidated and in some cases realigned along different county combinations. These changes can present difficulties in looking at data over time and keeping track of the changes. This added page will list program consolidations or changes as they affect the reporting of critical incident data.

To provide comparisons over time, the choice has been made here to go back to prior data and consolidate it into new program catchment area numbers as the changes occur. By combining the data where possible into the new catchment areas for prior quarters, comparisons of changes over time become possible. It is important to understand that the consolidations will probably affect local program operation and reporting of data by providers. Thus, the prior quarter(s) data from these new programs' catchment areas may not be completely comparable because local administration change may affect provider reporting to some degree. Comparing changes over time in these newly aligned programs should be made with this understanding in mind.

The table below lists old programs, the new program consolidations, and when these changes were effective for the purpose of this quarterly reporting. As new changes are put into place, this table will be updated.

Old Programs	New Program	Changes Effective
Blue Ridge Rutherford-Polk Trend	Western Highlands	Consolidation took place after end of second quarter. Rutherford-Polk did not report data for second quarter so the numbers for the new area reflect some missing data for the second quarter.
Duplin-Sampson Lenoir Wayne	Eastpointe	Consolidation took place before start of year so all data reflect the new program.
Sandhills Randolph	Sandhills	Consolidation took place before start of year so all data reflect the new program.
Piedmont Davidson	Piedmont	Consolidation took place after end of second quarter. Davidson did not report data for second quarter so the numbers for the new area reflect some missing data for the second quarter.

Table 1 - Numbers of Providers Submitting Critical Incident Reports and Numbers of Licensed Providers in Catchment Area

Comparing the numbers of providers who submitted critical incident reports against the numbers of licensed providers in a catchment area provides some insight into the degree of reporting by providers and how widespread critical incidents are. Low numbers of providers reporting relative to the number of licensed providers in a catchment area may point to inadequate reporting of critical incidents. More study over time will be needed to assess this.

The number of providers reporting critical incidents relative to the number of licensed providers ranged from a low of 3.4 percent to a high of 41.3 percent with a statewide average of 15.6 percent.

	Total Number of Providers Who Submitted Critical Incident and Death Reports	Providers Submitting Reports as a Percentage of Total Licensed Providers in Catchment Area	Licensed Providers in Catchment Area			
			Total Licensed Providers in Catchment Area	Residential Group Home Providers	Non-Residential Providers	ICF-MR Providers
Alamance-Caswell	16	19.8%	81	65	11	5
Albemarle	6	12.5%	48	24	20	4
Catawba	19	41.3%	46	28	13	5
Centerpoint	9	8.3%	108	73	24	11
Crossroads	16	18.0%	89	41	37	11
Cumberland	49	20.8%	236	197	28	11
Durham	17	12.7%	134	103	18	13
Eastpointe ¹	21	12.0%	175	130	27	18
Edgecombe-Nash	19	37.3%	51	41	6	4
Foothills	23	21.7%	106	62	33	11
Guilford	14	6.3%	222	175	31	16
Johnston	4	7.8%	51	37	9	5
Lee-Harnett	2	3.4%	58	39	11	8
Mecklenburg	38	9.2%	413	348	36	29
Neuse	8	10.5%	76	44	23	9
New River	10	12.0%	83	36	35	12
Onslow	25	35.2%	71	57	11	3
OPC	12	14.8%	81	52	19	10
Pathways	73	32.4%	225	175	34	16
Piedmont ^{1 & 2}	43	15.3%	281	210	53	18
Pitt	17	27.9%	61	41	12	8
Riverstone	9	37.5%	24	14	5	5
Roanoke-Chowan	12	36.4%	33	22	10	1
Rockingham	2	5.1%	39	29	8	2
Sandhills ¹	24	16.3%	147	100	34	13
Smoky Mountain	3	4.4%	68	46	17	5
Southeastern Center	17	21.5%	79	41	29	9
Southeastern Regional	9	7.3%	123	85	27	11
Tideland	4	7.8%	51	29	14	8
VGFW	11	16.9%	65	48	13	4
Wake	27	12.0%	225	177	29	19
Western Highlands ^{1 & 2}	27	14.1%	192	115	59	18
Wilson-Greene	6	9.7%	62	49	10	3
All AA/CPs Reporting	592	15.6%	3,804	2,733	746	325
Minimum		3.4%				
Median		14.1%				
Maximum		41.3%				

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 2 - Average Number of Reports per Provider

The average number of critical incident and death reports per provider provides some insight into the level of reporting and of how concentrated the incidents are by provider.

The number of providers who submitted reports has grown each quarter. The average and the level of variation in the average number of reports per provider declined in the third quarter. More data over time will be needed to assess these patterns.

	Total Number of Providers Who Submitted Critical Incident and Death Reports				Average Number of Reports per Provider Filing Reports			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2	10	16		10.5	3.0	2.3	
Albemarle	1	1	6		39.0	13.0	3.3	
Catawba	4	17	19		1.8	3.6	3.3	
Centerpoint	5	12	9		2.8	3.7	5.3	
Crossroads	41	7	16		1.2	2.6	2.9	
Cumberland	17	54	49		4.2	1.8	3.5	
Durham	37	9	17		1.0	1.7	3.1	
Eastpointe ¹	4	15	21		8.5	4.2	3.9	
Edgecombe-Nash	16	15	19		2.6	2.9	2.3	
Foothills	25	21	23		2.8	3.1	1.3	
Guilford	14	14	14		3.7	4.2	3.1	
Johnston	3	6	4		3.0	2.3	3.3	
Lee-Harnett	3	5	2		1.7	1.0	1.0	
Mecklenburg	32	38	38		9.0	11.3	4.8	
Neuse	10	3	8		1.3	2.7	2.0	
New River	24	22	10		1.6	1.5	3.1	
Onslow	29	20	25		3.1	3.1	3.2	
OPC	12	15	12		1.6	1.5	1.2	
Pathways	42	84	73		5.6	1.8	1.5	
Piedmont ^{1 & 2}	36	34	43		5.0	5.4	4.5	
Pitt	7	9	17		3.0	3.3	1.7	
Riverstone	5	3	9		1.6	1.0	1.1	
Roanoke-Chowan	3	9	12		1.7	2.1	2.7	
Rockingham	4	2	2		1.3	1.5	1.0	
Sandhills ¹	30	27	24		3.6	2.4	2.7	
Smoky Mountain	4	1	3		1.5	1.0	1.0	
Southeastern Center	28	19	17		2.8	5.0	3.9	
Southeastern Regional	6	9	9		4.3	1.6	2.7	
Tideland	3	2	4		1.3	1.0	2.0	
VGFW	8	4	11		1.0	1.3	1.5	
Wake	16	16	27		3.5	5.8	3.0	
Western Highlands ^{1 & 2}	18	12	27		2.2	1.9	2.4	
Wilson-Greene	4	9	6		2.0	1.3	2.3	
All AA/CPs Reporting	493	524	592		3.4	3.4	2.9	
Minimum					1.0	1.0	1.0	
Median					2.8	2.4	2.7	
Maximum					39.0	13.0	5.3	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 3 - Numbers and Rates of Total Critical Incident and Death Reports Received

This table shows the total number of Critical Incident and Death reports filed by local providers in each catchment area and the relative rate per 1,000 consumers on the active caseload. Because programs vary substantially in size, comparisons across program are more appropriately done after adjusting for these differences. Although active caseload probably represents the best measure of size, it is important to note that a few areas have substantial numbers of consumers from other areas not on their active caseload but being served in their local residential programs which may have the effect of increasing their relative rates. Further study of this will be done over time to see if additional adjustments need to be made for the rates.

Statewide, the average rate of Critical Incident and Death reports was 7.3 per 1,000 active caseload for the third quarter. This represents a decline from the second quarter. There is wide variation from program to program and between the three quarters for individual programs.

	Total Number of Critical Incident and Death Reports				Rate of Total Critical Incident and Death Reports per 1,000 Active Caseload			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	21	30	36		4.1	5.8	7.0	
Albemarle	39	13	20		10.7	3.9	6.2	
Catawba	7	62	63		2.5	20.8	20.2	
Centerpoint	14	44	48		1.1	3.9	4.3	
Crossroads	48	18	47		10.2	3.9	10.6	
Cumberland	72	98	173		16.4	22.2	38.0	
Durham	37	15	53		5.5	2.7	9.9	
Eastpointe ¹	34	63	82		3.4	6.6	8.7	
Edgecombe-Nash	42	44	44		9.8	11.3	11.3	
Foothills	70	66	30		7.1	6.6	3.6	
Guilford	52	59	43		3.2	3.5	2.5	
Johnston	9	14	13		3.0	4.7	4.0	
Lee-Harnett	5	5	2		1.2	1.2	0.5	
Mecklenburg	287	430	183		10.0	14.2	5.6	
Neuse	13	8	16		2.7	1.5	3.0	
New River	39	32	31		7.9	6.6	6.5	
Onslow	90	62	81		21.2	14.3	17.9	
OPC	19	23	14		3.6	4.3	2.4	
Pathways	234	152	112		26.1	17.1	12.3	
Piedmont ^{1 & 2}	179	185	192		22.8	25.1	27.2	
Pitt	21	30	29		5.0	7.0	6.7	
Riverstone	8	3	10		2.1	0.8	2.7	
Roanoke-Chowan	5	19	32		1.4	5.0	8.0	
Rockingham	5	3	2		2.0	1.2	0.8	
Sandhills ¹	108	65	64		13.1	7.7	7.4	
Smoky Mountain	6	1	3		1.0	0.2	0.4	
Southeastern Center	77	95	66		11.2	13.7	9.6	
Southeastern Regional	26	14	24		3.0	1.6	2.7	
Tideland	4	2	8		0.7	0.4	1.5	
VGFW	8	5	17		2.0	1.3	4.3	
Wake	56	93	82		7.3	10.9	8.9	
Western Highlands ^{1 & 2}	39	23	65		4.2	2.5	7.1	
Wilson-Greene	8	12	14		1.5	2.1	2.4	
All AA/CPs Reporting	1,682	1,788	1,699		7.3	7.8	7.3	
Minimum					0.7	0.2	0.4	
Median					4.1	4.7	6.5	
Maximum					26.1	25.1	38.0	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 4 - Numbers of Reported Deaths by Cause of Death

This table summarizes the numbers of deaths reported by both the totals and by cause of death.

Most deaths reported were due to terminal illness, natural causes, or of unknown cause.

	Number of Deaths Reported																							
	All Deaths				Suicide				Accident				Homicide/Violence				Terminal Illness or Other Natural Cause				Unknown Cause			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2	2	4		0	0	0		0	1	0		0	0	0		2	0	3		0	1	1	
Albemarle	3	0	3		1	0	0		0	0	0		0	0	0		2	0	1		0	0	2	
Catawba	4	1	1		0	0	0		1	0	0		0	0	0		2	1	1		1	0	0	
Centerpoint	0	7	6		0	0	0		0	3	1		0	0	0		0	2	3		0	2	2	
Crossroads	7	6	7		1	1	0		0	1	0		0	0	0		4	2	2		2	2	5	
Cumberland	9	11	12		0	0	0		1	3	1		1	1	0		6	6	8		1	1	3	
Durham	3	2	2		0	0	0		0	0	0		1	1	1		2	1	1		0	0	0	
Eastpointe ¹	2	1	4		0	0	0		0	0	0		0	0	0		2	1	3		0	0	1	
Edgecombe-Nash	0	1	0		0	0	0		0	0	0		0	0	0		0	1	0		0	0	0	
Foothills	5	4	2		0	0	0		2	0	0		0	0	0		3	4	2		0	0	0	
Guilford	14	21	7		2	0	1		0	2	0		0	0	0		9	12	4		3	7	2	
Johnston	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
Lee-Harnett	1	0	0		0	0	0		0	0	0		0	0	0		1	0	0		0	0	0	
Mecklenburg	7	2	10		0	0	2		1	1	0		0	0	0		4	1	3		2	0	5	
Neuse	1	2	3		0	0	0		0	2	0		0	0	0		1	0	3		0	0	0	
New River	4	8	3		2	3	0		1	0	1		0	0	0		1	3	0		0	2	2	
Onslow	0	4	0		0	0	0		0	0	0		0	0	0		0	3	0		0	1	0	
OPC	4	3	4		1	1	0		0	0	0		0	0	0		2	2	3		1	0	1	
Pathways	22	12	10		2	1	0		1	1	1		2	0	0		14	9	8		3	1	1	
Piedmont ^{1 & 2}	3	3	1		0	0	0		1	0	0		0	0	0		2	1	1		0	2	0	
Pitt	4	9	9		0	0	0		1	2	1		1	0	0		2	7	5		0	0	3	
Riverstone	0	1	0		0	0	0		0	0	0		0	0	0		0	1	0		0	0	0	
Roanoke-Chowan	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
Rockingham	0	0	2		0	0	0		0	0	0		0	0	0		0	0	1		0	0	1	
Sandhills ¹	12	4	19		0	0	1		0	1	0		0	0	1		9	3	7		3	0	10	
Smoky Mountain	5	0	1		0	0	0		1	0	0		0	0	0		2	0	1		2	0	0	
Southeastern Center	4	6	10		0	0	1		0	3	0		1	1	0		2	2	8		1	0	1	
Southeastern Regional	2	0	2		0	0	0		0	0	0		0	0	0		2	0	2		0	0	0	
Tideland	0	0	1		0	0	0		0	0	0		0	0	0		0	0	1		0	0	0	
VGFW	2	1	1		1	0	0		0	0	0		0	1	0		1	0	1		0	0	0	
Wake	3	11	7		0	9	1		0	0	1		1	0	0		2	1	3		0	1	2	
Western Highlands ^{1 & 2}	1	5	4		1	0	2		0	2	0		0	0	0		0	3	0		0	0	2	
Wilson-Greene	0	3	1		0	0	0		0	0	0		0	0	0		0	1	1		0	2	0	
All AA/CPs Reporting	124	130	136		11	15	8		10	22	6		7	4	2		77	67	76		19	22	44	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 5 - Rate of Reported Deaths per 1,000 Active Consumers by Cause of Death

This table summarizes the rate of reported deaths per 1,000 active clients. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide, the average number of deaths per 1,000 active clients was 0.59 in the second quarter. This shows a slight rise upward from the first two quarters.

	Rate of Deaths per 1,000 Active Consumers																							
	All Deaths				Suicide				Accident				Homicide/Violence				Terminal Illness or Other Natural Cause				Unknown Cause			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.39	0.39	0.78		0.00	0.00	0.00		0.00	0.19	0.00		0.00	0.00	0.00		0.39	0.00	0.59		0.00	0.19	0.20	
Albemarle	0.82	0.00	0.94		0.27	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.55	0.00	0.31		0.00	0.00	0.62	
Catawba	1.43	0.34	0.32		0.00	0.00	0.00		0.36	0.00	0.00		0.00	0.00	0.00		0.72	0.34	0.32		0.36	0.00	0.00	
Centerpoint	0.00	0.62	0.54		0.00	0.00	0.00		0.00	0.27	0.09		0.00	0.00	0.00		0.00	0.18	0.27		0.00	0.18	0.18	
Crossroads	1.49	1.31	1.58		0.21	0.22	0.00		0.00	0.22	0.00		0.00	0.00	0.00		0.85	0.44	0.45		0.42	0.44	1.13	
Cumberland	2.05	2.49	2.64		0.00	0.00	0.00		0.23	0.68	0.22		0.23	0.23	0.00		1.37	1.36	1.76		0.23	0.23	0.66	
Durham	0.44	0.36	0.37		0.00	0.00	0.00		0.00	0.00	0.00		0.15	0.18	0.19		0.30	0.18	0.19		0.00	0.00	0.00	
Eastpointe ¹	0.20	0.10	0.42		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.20	0.10	0.32		0.00	0.00	0.11	
Edgecombe-Nash	0.00	0.26	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.26	0.00		0.00	0.00	0.00	
Foothills	0.51	0.40	0.24		0.00	0.00	0.00		0.20	0.00	0.00		0.00	0.00	0.00		0.31	0.40	0.24		0.00	0.00	0.00	
Guilford	0.85	1.24	0.40		0.12	0.00	0.06		0.00	0.12	0.00		0.00	0.00	0.00		0.55	0.71	0.23		0.18	0.41	0.11	
Johnston	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Lee-Harnett	0.23	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.23	0.00	0.00		0.00	0.00	0.00	
Mecklenburg	0.24	0.07	0.31		0.00	0.00	0.06		0.03	0.03	0.00		0.00	0.00	0.00		0.14	0.03	0.09		0.07	0.00	0.15	
Neuse	0.21	0.38	0.56		0.00	0.00	0.00		0.00	0.38	0.00		0.00	0.00	0.00		0.21	0.00	0.56		0.00	0.00	0.00	
New River	0.81	1.65	0.63		0.41	0.62	0.00		0.20	0.00	0.21		0.00	0.00	0.00		0.20	0.62	0.00		0.00	0.41	0.42	
Onslow	0.00	0.92	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.69	0.00		0.00	0.23	0.00	
OPC	0.76	0.57	0.70		0.19	0.19	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.38	0.38	0.52		0.19	0.00	0.17	
Pathways	2.45	1.35	1.10		0.22	0.11	0.00		0.11	0.11	0.11		0.22	0.00	0.00		1.56	1.01	0.88		0.33	0.11	0.11	
Piedmont ^{1 & 2}	0.38	0.41	0.14		0.00	0.00	0.00		0.13	0.00	0.00		0.00	0.00	0.00		0.25	0.14	0.14		0.00	0.27	0.00	
Pitt	0.96	2.11	2.09		0.00	0.00	0.00		0.24	0.47	0.23		0.24	0.00	0.00		0.48	1.64	1.16		0.00	0.00	0.70	
Riverstone	0.00	0.26	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.26	0.00		0.00	0.00	0.00	
Roanoke-Chowan	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Rockingham	0.00	0.00	0.79		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.39		0.00	0.00	0.39	
Sandhills ¹	1.45	0.47	2.19		0.00	0.00	0.12		0.00	0.12	0.00		0.00	0.00	0.12		1.09	0.35	0.81		0.36	0.00	1.15	
Smoky Mountain	0.81	0.00	0.15		0.00	0.00	0.00		0.16	0.00	0.00		0.00	0.00	0.00		0.32	0.00	0.15		0.32	0.00	0.00	
Southeastern Center	0.58	0.87	1.45		0.00	0.00	0.15		0.00	0.43	0.00		0.15	0.14	0.00		0.29	0.29	1.16		0.15	0.00	0.15	
Southeastern Regional	0.23	0.00	0.23		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.23	0.00	0.23		0.00	0.00	0.00	
Tideland	0.00	0.00	0.19		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.19		0.00	0.00	0.00	
VGFW	0.50	0.25	0.25		0.25	0.00	0.00		0.00	0.00	0.00		0.00	0.25	0.00		0.25	0.00	0.25		0.00	0.00	0.00	
Wake	0.39	1.29	0.76		0.00	1.06	0.11		0.00	0.00	0.11		0.13	0.00	0.00		0.26	0.12	0.33		0.00	0.12	0.22	
Western Highlands ^{1 & 2}	0.11	0.55	0.44		0.11	0.00	0.22		0.00	0.22	0.00		0.00	0.00	0.00		0.00	0.33	0.00		0.00	0.00	0.22	
Wilson-Greene	0.00	0.53	0.17		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.18	0.17		0.00	0.36	0.00	
All AA/CPs Reporting	0.54	0.57	0.59		0.05	0.07	0.03		0.04	0.10	0.03		0.03	0.02	0.01		0.34	0.29	0.33		0.08	0.10	0.19	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	0.39	0.39	0.40		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.25	0.18	0.24		0.00	0.00	0.11	
Maximum	2.45	2.49	2.64		0.41	1.06	0.22		0.36	0.68	0.23		0.24	0.25	0.19		1.56	1.64	1.76		0.42	0.44	1.15	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 6 - Numbers of Reported Allegations of Abuse, Neglect or Exploitation of Consumers

This table summarizes the numbers of reported allegations of abuse, neglect, or exploitation of consumers.

Abuse represents more than two-thirds of the reported allegations. Some reports may involve allegations of multiple types.

	Reported Allegations of Abuse, Neglect, or Exploitation															
	Total Reported Allegations (unduplicated)				Alleged Abuse				Alleged Neglect				Alleged Exploitation			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	8	4	13		8	4	13		0	0	0		0	0	0	
Albemarle	1	1	0		1	1	0		0	0	0		0	0	0	
Catawba	0	1	1		0	1	1		0	0	0		0	0	0	
Centerpoint	1	5	8		1	3	6		0	2	2		0	0	0	
Crossroads	1	2	3		1	1	0		0	1	3		0	0	0	
Cumberland	17	36	27		17	29	17		0	6	8		1	1	2	
Durham	3	1	11		2	0	6		1	1	4		0	0	1	
Eastpointe ¹	20	27	37		19	27	32		1	0	3		0	0	2	
Edgecombe-Nash	5	5	8		4	5	5		1	0	3		0	0	0	
Foothills	0	0	3		1	2	3		1	0	0		0	0	0	
Guilford	5	6	10		4	4	5		1	2	5		0	0	0	
Johnston	0	1	2		0	2	1		0	0	0		0	0	1	
Lee-Harnett	0	2	2		0	0	2		0	0	0		0	0	0	
Mecklenburg	32	35	24		23	25	19		6	10	3		3	0	2	
Neuse	0	1	3		0	1	3		0	1	2		0	0	1	
New River	3	6	3		0	3	2		3	3	0		0	0	1	
Onslow	8	2	11		3	0	5		5	2	6		0	0	0	
OPC	3	1	1		1	1	1		2	0	0		0	0	0	
Pathways	29	17	21		16	8	12		11	7	8		2	2	1	
Piedmont ^{1 & 2}	19	16	25		15	14	19		4	1	6		0	1	0	
Pitt	4	3	7		4	2	6		0	1	1		0	0	0	
Riverstone	3	0	5		0	0	2		3	0	3		0	0	0	
Roanoke-Chowan	3	6	8		2	4	6		1	2	2		0	0	0	
Rockingham	3	0	0		2	0	0		1	0	0		0	0	0	
Sandhills ¹	22	21	25		15	11	22		5	10	3		2	0	0	
Smoky Mountain	1	0	0		1	0	0		0	0	0		1	0	0	
Southeastern Center	8	23	12		3	11	6		3	2	6		2	11	0	
Southeastern Regional	0	2	9		0	2	4		0	0	4		0	0	1	
Tideland	2	1	2		1	1	2		1	0	0		0	0	0	
VGFW	1	0	1		0	0	1		1	0	0		0	0	0	
Wake	6	1	4		6	1	0		0	0	3		0	0	1	
Western Highlands ^{1 & 2}	7	7	7		5	5	6		2	2	1		1	0	0	
Wilson-Greene	2	2	1		1	2	1		2	0	0		0	0	0	
All AA/CPs Reporting	217	235	294		156	170	208		55	53	76		12	15	13	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 7 - Rates of Reported Allegations of Abuse, Neglect, or Exploitation per 1,000 Active Consumers

This table summarizes the rates of reported allegations of abuse, neglect, or exploitation per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

The average rate of reported allegations of abuse, neglect, or exploitation was 1.27 per 1,000 active caseload in the third quarter up from the first two quarters. The variation in rates by area program may be more reflective of differences in reporting.

	Rate of Reported Allegations of Abuse, Neglect, or Exploitation per 1,000 Active Consumers															
	Total Reported Allegations (unduplicated)				Alleged Abuse				Alleged Neglect				Alleged Exploitation			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	1.55	0.78	2.54		1.55	0.78	2.54		0.00	0.00	0.00		0.00	0.00	0.00	
Albemarle	0.27	0.30	0.00		0.27	0.30	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Catawba	0.00	0.34	0.32		0.00	0.34	0.32		0.00	0.00	0.00		0.00	0.00	0.00	
Centerpoint	0.08	0.45	0.72		0.08	0.27	0.54		0.00	0.18	0.18		0.00	0.00	0.00	
Crossroads	0.21	0.44	0.68		0.21	0.22	0.00		0.00	0.22	0.68		0.00	0.00	0.00	
Cumberland	3.87	8.15	5.94		3.87	6.56	3.74		0.00	1.36	1.76		0.23	0.23	0.44	
Durham	0.44	0.18	2.06		0.30	0.00	1.12		0.15	0.18	0.75		0.00	0.00	0.19	
Eastpointe ¹	2.00	2.82	3.92		1.90	2.82	3.39		0.10	0.00	0.32		0.00	0.00	0.21	
Edgecombe-Nash	1.17	1.28	2.05		0.94	1.28	1.28		0.23	0.00	0.77		0.00	0.00	0.00	
Foothills	0.00	0.00	0.36		0.10	0.20	0.36		0.10	0.00	0.00		0.00	0.00	0.00	
Guilford	0.30	0.35	0.57		0.24	0.24	0.29		0.06	0.12	0.29		0.00	0.00	0.00	
Johnston	0.00	0.33	0.62		0.00	0.67	0.31		0.00	0.00	0.00		0.00	0.00	0.31	
Lee-Harnett	0.00	0.47	0.46		0.00	0.00	0.46		0.00	0.00	0.00		0.00	0.00	0.00	
Mecklenburg	1.12	1.15	0.73		0.80	0.82	0.58		0.21	0.33	0.09		0.10	0.00	0.06	
Neuse	0.00	0.19	0.56		0.00	0.19	0.56		0.00	0.19	0.37		0.00	0.00	0.19	
New River	0.61	1.24	0.63		0.00	0.62	0.42		0.61	0.62	0.00		0.00	0.00	0.21	
Onslow	1.88	0.46	2.43		0.71	0.00	1.11		1.18	0.46	1.33		0.00	0.00	0.00	
OPC	0.57	0.19	0.17		0.19	0.19	0.17		0.38	0.00	0.00		0.00	0.00	0.00	
Pathways	3.23	1.92	2.31		1.78	0.90	1.32		1.23	0.79	0.88		0.22	0.23	0.11	
Piedmont ^{1 & 2}	2.42	2.17	3.54		1.91	1.90	2.69		0.51	0.14	0.85		0.00	0.14	0.00	
Pitt	0.96	0.70	1.63		0.96	0.47	1.39		0.00	0.23	0.23		0.00	0.00	0.00	
Riverstone	0.80	0.00	1.34		0.00	0.00	0.54		0.80	0.00	0.80		0.00	0.00	0.00	
Roanoke-Chowan	0.83	1.59	2.01		0.55	1.06	1.51		0.28	0.53	0.50		0.00	0.00	0.00	
Rockingham	1.22	0.00	0.00		0.81	0.00	0.00		0.41	0.00	0.00		0.00	0.00	0.00	
Sandhills ¹	2.66	2.48	2.88		1.82	1.30	2.54		0.61	1.18	0.35		0.24	0.00	0.00	
Smoky Mountain	0.16	0.00	0.00		0.16	0.00	0.00		0.00	0.00	0.00		0.16	0.00	0.00	
Southeastern Center	1.16	3.32	1.74		0.44	1.59	0.87		0.44	0.29	0.87		0.29	1.59	0.00	
Southeastern Regional	0.00	0.23	1.02		0.00	0.23	0.46		0.00	0.00	0.46		0.00	0.00	0.11	
Tideland	0.36	0.19	0.37		0.18	0.19	0.37		0.18	0.00	0.00		0.00	0.00	0.00	
VGFW	0.25	0.00	0.25		0.00	0.00	0.25		0.25	0.00	0.00		0.00	0.00	0.00	
Wake	0.78	0.12	0.44		0.78	0.12	0.00		0.00	0.00	0.33		0.00	0.00	0.11	
Western Highlands ^{1 & 2}	0.75	0.77	0.77		0.53	0.55	0.66		0.21	0.22	0.11		0.11	0.00	0.00	
Wilson-Greene	0.36	0.36	0.17		0.18	0.36	0.17		0.36	0.00	0.00		0.00	0.00	0.00	
All AA/CPs Reporting	0.95	1.03	1.27		0.68	0.74	0.90		0.24	0.23	0.33		0.05	0.07	0.06	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	0.61	0.44	0.72		0.27	0.30	0.54		0.15	0.00	0.23		0.00	0.00	0.00	
Maximum	3.87	8.15	5.94		3.87	6.56	3.74		1.23	1.36	1.76		0.29	1.59	0.44	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 8 - Numbers of Reported Injuries Requiring Treatment by a Physician

This table summarizes the numbers of reported injuries to consumers requiring treatment by a physician.

Two-thirds of the injuries reported fell into the "other" category. Self-injury was the next most common category representing 15 percent of the total in the third quarter.

	Number of Reported Injuries Requiring Treatment by a Physician																							
	Total Reported Injuries				Injury Due to Suicide Attempt				Injury from Use of a Hazardous Substance				Self-Injury				Injury Caused by Another Client				Other Accident or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	2	11	12		0	0	1		0	0	0		1	0	0		0	2	1		1	9	10	
Albemarle	10	0	1		0	0	0		0	0	0		6	0	1		1	0	0		3	0	0	
Catawba	7	13	9		0	0	3		0	0	0		0	0	0		0	0	0		7	13	6	
Centerpoint	5	13	16		0	0	0		0	0	0		0	1	1		1	0	0		4	12	15	
Crossroads	12	6	21		0	1	0		0	0	0		2	1	13		0	0	2		10	4	6	
Cumberland	14	13	15		1	3	3		0	0	0		4	1	5		3	4	2		6	5	5	
Durham	9	4	20		0	0	2		0	1	0		3	1	3		0	0	4		6	2	11	
Eastpointe ¹	6	12	27		0	0	0		0	0	0		2	0	3		0	3	2		4	9	22	
Edgecombe-Nash	13	15	10		0	0	3		0	0	0		3	8	1		1	7	0		9	0	6	
Foothills	25	28	7		0	3	3		0	0	0		2	1	1		0	0	0		23	24	3	
Guilford	18	19	7		3	3	2		0	0	0		3	6	0		0	0	0		12	10	5	
Johnston	2	6	2		2	3	0		0	0	0		0	0	0		0	0	1		0	3	1	
Lee-Harnett	0	2	1		0	0	0		0	1	0		0	0	0		0	0	0		0	1	1	
Mecklenburg	112	76	26		5	8	2		1	0	0		31	18	6		19	5	1		56	45	17	
Neuse	9	1	5		1	0	0		0	0	0		2	0	1		1	0	0		5	1	4	
New River	7	11	9		0	0	0		0	0	0		0	2	2		0	1	0		7	8	7	
Onslow	7	6	23		0	0	0		0	1	0		0	3	3		1	1	8		6	1	12	
OPC	3	8	8		0	2	1		0	0	0		2	1	1		0	0	1		1	5	5	
Pathways	81	48	31		6	3	5		1	0	0		16	6	2		13	7	4		45	32	20	
Piedmont ^{1 & 2}	78	39	58		34	0	3		0	0	0		4	5	12		4	2	3		36	32	40	
Pitt	3	6	0		0	0	0		0	0	0		1	0	0		1	1	0		1	5	0	
Riverstone	3	0	1		0	0	0		0	0	0		2	0	0		1	0	0		0	0	1	
Roanoke-Chowan	0	3	13		0	0	0		0	0	0		0	0	1		0	0	1		0	3	11	
Rockingham	1	1	0		0	0	0		0	0	0		0	0	0		0	0	0		1	1	0	
Sandhills ¹	9	13	11		0	1	2		0	0	0		1	4	0		0	1	1		8	7	8	
Smoky Mountain	2	1	2		0	0	0		0	0	0		0	0	0		0	0	0		2	1	2	
Southeastern Center	29	27	22		2	0	1		0	0	0		0	4	2		5	0	0		22	23	19	
Southeastern Regional	0	3	0		0	0	0		0	0	0		0	0	0		0	0	0		0	3	0	
Tideland	2	1	4		0	0	0		0	0	0		0	0	0		1	0	0		1	1	4	
VGFW	4	1	6		0	0	0		0	0	0		0	0	1		1	0	2		3	1	3	
Wake	25	28	26		6	3	6		0	0	0		0	2	0		1	0	0		18	23	20	
Western Highlands ^{1 & 2}	13	5	19		0	0	2		1	0	0		0	0	2		1	0	1		11	5	14	
Wilson-Greene	3	6	4		0	0	0		0	1	0		1	1	0		0	3	0		2	1	4	
All AA/CPs Reporting	514	426	416		60	30	39		3	4	0		86	65	61		55	37	34		310	290	282	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 9 - Rate of Reported Injuries Requiring Treatment by a Physician per 1,000 Active Consumers

This table summarizes the rate of reported injuries to consumers per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

The average rate of injuries per 1,000 active consumers was 1.79 for reporting programs statewide in the third quarter. This represents a decline in the statewide rate from the first two quarters across all the major categories. However, the pattern is not consistent across individual programs.

	Rate of Reported Injuries to Consumers Requiring Treatment by a Physician per 1,000 Active Consumers																							
	Total Reported Injuries				Injury Due to Suicide Attempt				Injury from Use of a Hazardous Substance				Self-Injury				Injury Caused by Another Client				Other Accident or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.39	2.14	2.35		0.00	0.00	0.20		0.00	0.00	0.00		0.19	0.00	0.00		0.00	0.39	0.20		0.19	1.75	1.96	
Albemarle	2.74	0.00	0.31		0.00	0.00	0.00		0.00	0.00	0.00		1.65	0.00	0.31		0.27	0.00	0.00		0.82	0.00	0.00	
Catawba	2.51	4.36	2.89		0.00	0.00	0.96		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		2.51	4.36	1.93	
Centerpoint	0.38	1.16	1.43		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.09	0.09		0.08	0.00	0.00		0.30	1.07	1.34	
Crossroads	2.55	1.31	4.73		0.00	0.22	0.00		0.00	0.00	0.00		0.42	0.22	2.93		0.00	0.00	0.45		2.12	0.87	1.35	
Cumberland	3.19	2.94	3.30		0.23	0.68	0.66		0.00	0.00	0.00		0.91	0.23	1.10		0.68	0.91	0.44		1.37	1.13	1.10	
Durham	1.33	0.72	3.74		0.00	0.00	0.37		0.00	0.18	0.00		0.44	0.18	0.56		0.00	0.00	0.75		0.89	0.36	2.06	
Eastpointe ¹	0.60	1.25	2.86		0.00	0.00	0.00		0.00	0.00	0.00		0.20	0.00	0.32		0.00	0.31	0.21		0.40	0.94	2.33	
Edgecombe-Nash	3.05	3.85	2.57		0.00	0.00	0.77		0.00	0.00	0.00		0.70	2.05	0.26		0.23	1.80	0.00		2.11	0.00	1.54	
Foothills	2.55	2.81	0.84		0.00	0.30	0.36		0.00	0.00	0.00		0.20	0.10	0.12		0.00	0.00	0.00		2.34	2.41	0.36	
Guilford	1.09	1.12	0.40		0.18	0.18	0.11		0.00	0.00	0.00		0.18	0.35	0.00		0.00	0.00	0.00		0.73	0.59	0.29	
Johnston	0.67	2.00	0.62		0.67	1.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.31		0.00	1.00	0.31	
Lee-Harnett	0.00	0.47	0.23		0.00	0.00	0.00		0.00	0.23	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.23	0.23	
Mecklenburg	3.91	2.50	0.80		0.17	0.26	0.06		0.03	0.00	0.00		1.08	0.59	0.18		0.66	0.16	0.03		1.95	1.48	0.52	
Neuse	1.89	0.19	0.93		0.21	0.00	0.00		0.00	0.00	0.00		0.42	0.00	0.19		0.21	0.00	0.00		1.05	0.19	0.74	
New River	1.42	2.27	1.88		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.41	0.42		0.00	0.21	0.00		1.42	1.65	1.46	
Onslow	1.65	1.38	5.09		0.00	0.00	0.00		0.00	0.23	0.00		0.00	0.69	0.66		0.24	0.23	1.77		1.41	0.23	2.65	
OPC	0.57	1.51	1.40		0.00	0.38	0.17		0.00	0.00	0.00		0.38	0.19	0.17		0.00	0.00	0.17		0.19	0.95	0.87	
Pathways	9.02	5.41	3.41		0.67	0.34	0.55		0.11	0.00	0.00		1.78	0.68	0.22		1.45	0.79	0.44		5.01	3.61	2.20	
Piedmont ^{1 & 2}	9.94	5.28	8.20		4.33	0.00	0.42		0.00	0.00	0.00		0.51	0.68	1.70		0.51	0.27	0.42		4.59	4.34	5.66	
Pitt	0.72	1.41	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.24	0.00	0.00		0.24	0.23	0.00		0.24	1.17	0.00	
Riverstone	0.80	0.00	0.27		0.00	0.00	0.00		0.00	0.00	0.00		0.53	0.00	0.00		0.27	0.00	0.00		0.00	0.00	0.27	
Roanoke-Chowan	0.00	0.80	3.26		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.25		0.00	0.00	0.25		0.00	0.80	2.76	
Rockingham	0.41	0.40	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.41	0.40	0.00	
Sandhills ¹	1.09	1.53	1.27		0.00	0.12	0.23		0.00	0.00	0.00		0.12	0.47	0.00		0.00	0.12	0.12		0.97	0.83	0.92	
Smoky Mountain	0.32	0.15	0.29		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.32	0.15	0.29	
Southeastern Center	4.22	3.89	3.19		0.29	0.00	0.15		0.00	0.00	0.00		0.00	0.58	0.29		0.73	0.00	0.00		3.20	3.32	2.76	
Southeastern Regional	0.00	0.35	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.35	0.00	
Tideland	0.36	0.19	0.75		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.18	0.00	0.00		0.18	0.19	0.75	
VGFW	0.99	0.25	1.53		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.25		0.25	0.00	0.51		0.74	0.25	0.76	
Wake	3.27	3.29	2.83		0.78	0.35	0.65		0.00	0.00	0.00		0.00	0.24	0.00		0.13	0.00	0.00		2.35	2.70	2.18	
Western Highlands ^{1 & 2}	1.39	0.55	2.09		0.00	0.00	0.22		0.11	0.00	0.00		0.00	0.00	0.22		0.11	0.00	0.11		1.18	0.55	1.54	
Wilson-Greene	0.55	1.07	0.69		0.00	0.00	0.00		0.00	0.18	0.00		0.18	0.18	0.00		0.00	0.53	0.00		0.36	0.18	0.69	
All AA/CPs Reporting	2.24	1.86	1.79		0.26	0.13	0.17		0.01	0.02	0.00		0.38	0.28	0.26		0.24	0.16	0.15		1.35	1.27	1.22	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	1.09	1.31	1.43		0.00	0.00	0.00		0.00	0.00	0.00		0.18	0.09	0.17		0.00	0.00	0.00		0.82	0.83	0.92	
Maximum	9.94	5.41	8.20		4.33	1.00	0.96		0.11	0.23	0.00		1.78	2.05	2.93		1.45	1.80	1.77		5.01	4.36	5.66	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 10 - Numbers of Reported Medication Errors

This table summarizes the numbers of reported medication errors.

More than three-fourths of the medication errors reported in both quarters were due to a missed dose. The total number of errors being reported is notably up, though the rise is primarily in one program and is related to a single client.

	Reported Medication Errors															
	Total Medication Errors Reported				Missed Dose of Prescription Medication				Wrong Dosage Administered				Wrong Medication Administered			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	3	6	2		2	1	0		0	2	2		1	3	0	
Albemarle	3	1	0		3	1	0		0	0	0		0	0	0	
Catawba	0	20	25		0	17	25		0	2	0		0	1	0	
Centerpoint	5	5	2		4	2	2		1	2	0		0	1	0	
Crossroads	7	5	13		7	5	8		0	0	5		0	0	0	
Cumberland	4	10	87		3	8	82		1	1	4		0	1	1	
Durham	4	1	0		1	1	0		2	0	0		1	0	0	
Eastpointe ¹	3	6	1		3	5	1		0	1	0		0	0	0	
Edgecombe-Nash	0	1	5		0	1	3		0	0	1		0	0	1	
Foothills	28	23	12		26	23	8		0	0	4		2	0	0	
Guilford	0	3	5		0	3	2		0	0	2		0	0	1	
Johnston	0	0	0		0	0	0		0	0	0		0	0	0	
Lee-Harnett	0	0	0		0	0	0		0	0	0		0	0	0	
Mecklenburg	19	45	17		14	30	12		4	10	5		1	5	0	
Neuse	2	2	1		2	1	1		0	1	0		0	0	0	
New River	5	2	7		5	2	3		0	0	4		0	0	0	
Onslow	1	0	5		1	0	4		0	0	1		0	0	0	
OPC	0	0	0		0	0	0		0	0	0		0	0	0	
Pathways	27	14	12		23	12	6		2	2	6		2	0	0	
Piedmont ^{1 & 2}	5	11	1		3	8	1		2	3	0		0	0	0	
Pitt	0	0	0		0	0	0		0	0	0		0	0	0	
Riverstone	2	2	1		1	1	1		0	1	0		1	0	0	
Roanoke-Chowan	1	2	1		0	1	1		1	1	0		0	0	0	
Rockingham	0	1	0		0	1	0		0	0	0		0	0	0	
Sandhills ¹	3	8	4		3	7	4		0	1	0		0	0	0	
Smoky Mountain	0	0	0		0	0	0		0	0	0		0	0	0	
Southeastern Center	30	27	7		8	19	4		14	6	3		8	2	0	
Southeastern Regional	4	0	6		0	0	5		4	0	1		0	0	0	
Tideland	0	0	1		0	0	0		0	0	0		0	0	1	
VGFW	0	1	7		0	1	4		0	0	2		0	0	1	
Wake	3	18	21		0	18	19		0	0	2		3	0	0	
Western Highlands ^{1 & 2}	3	1	9		2	0	3		1	1	6		0	0	0	
Wilson-Greene	0	1	0		0	1	0		0	0	0		0	0	0	
All AA/CPs Reporting	162	216	252		111	169	199		32	34	48		19	13	5	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 11 - Rate of Reported Medication Errors per 1,000 Active Consumers

This table summarizes the rate of reported medication errors per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Based on the reported data, there was just over 1 medication error per 1,000 active consumers in the third quarter. The wide variation in rates is likely to be due in part to incomplete reporting.

	Rate of Reported Medication Errors per 1,000 Active Consumers															
	Total Medication Errors Reported				Missed Dose of Prescription Medication				Wrong Dosage Administered				Wrong Medication Administered			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.58	1.17	0.39		0.39	0.19	0.00		0.00	0.39	0.39		0.19	0.58	0.00	
Albemarle	0.82	0.30	0.00		0.82	0.30	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Catawba	0.00	6.70	8.03		0.00	5.70	8.03		0.00	0.67	0.00		0.00	0.34	0.00	
Centerpoint	0.38	0.45	0.18		0.30	0.18	0.18		0.08	0.18	0.00		0.00	0.09	0.00	
Crossroads	1.49	1.09	2.93		1.49	1.09	1.80		0.00	0.00	1.13		0.00	0.00	0.00	
Cumberland	0.91	2.26	19.13		0.68	1.81	18.03		0.23	0.23	0.88		0.00	0.23	0.22	
Durham	0.59	0.18	0.00		0.15	0.18	0.00		0.30	0.00	0.00		0.15	0.00	0.00	
Eastpointe ¹	0.30	0.63	0.11		0.30	0.52	0.11		0.00	0.10	0.00		0.00	0.00	0.00	
Edgecombe-Nash	0.00	0.26	1.28		0.00	0.26	0.77		0.00	0.00	0.26		0.00	0.00	0.26	
Foothills	2.85	2.31	1.44		2.65	2.31	0.96		0.00	0.00	0.48		0.20	0.00	0.00	
Guilford	0.00	0.18	0.29		0.00	0.18	0.11		0.00	0.00	0.11		0.00	0.00	0.06	
Johnston	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Lee-Harnett	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Mecklenburg	0.66	1.48	0.52		0.49	0.99	0.37		0.14	0.33	0.15		0.03	0.16	0.00	
Neuse	0.42	0.38	0.19		0.42	0.19	0.19		0.00	0.19	0.00		0.00	0.00	0.00	
New River	1.02	0.41	1.46		1.02	0.41	0.63		0.00	0.00	0.83		0.00	0.00	0.00	
Onslow	0.24	0.00	1.11		0.24	0.00	0.88		0.00	0.00	0.22		0.00	0.00	0.00	
OPC	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Pathways	3.01	1.58	1.32		2.56	1.35	0.66		0.22	0.23	0.66		0.22	0.00	0.00	
Piedmont ^{1 & 2}	0.64	1.49	0.14		0.38	1.08	0.14		0.25	0.41	0.00		0.00	0.00	0.00	
Pitt	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Riverstone	0.53	0.53	0.27		0.27	0.26	0.27		0.00	0.26	0.00		0.27	0.00	0.00	
Roanoke-Chowan	0.28	0.53	0.25		0.00	0.27	0.25		0.28	0.27	0.00		0.00	0.00	0.00	
Rockingham	0.00	0.40	0.00		0.00	0.40	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Sandhills ¹	0.36	0.94	0.46		0.36	0.83	0.46		0.00	0.12	0.00		0.00	0.00	0.00	
Smoky Mountain	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Southeastern Center	4.36	3.89	1.02		1.16	2.74	0.58		2.04	0.87	0.44		1.16	0.29	0.00	
Southeastern Regional	0.47	0.00	0.68		0.00	0.00	0.57		0.47	0.00	0.11		0.00	0.00	0.00	
Tideland	0.00	0.00	0.19		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.19	
VGFW	0.00	0.25	1.78		0.00	0.25	1.02		0.00	0.00	0.51		0.00	0.00	0.25	
Wake	0.39	2.12	2.29		0.00	2.12	2.07		0.00	0.00	0.22		0.39	0.00	0.00	
Western Highlands ^{1 & 2}	0.32	0.11	0.99		0.21	0.00	0.33		0.11	0.11	0.66		0.00	0.00	0.00	
Wilson-Greene	0.00	0.18	0.00		0.00	0.18	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
All AA/CPs Reporting	0.71	0.95	1.09		0.48	0.74	0.86		0.14	0.15	0.21		0.08	0.06	0.02	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	0.36	0.40	0.29		0.21	0.26	0.25		0.00	0.00	0.00		0.00	0.00	0.00	
Maximum	4.36	6.70	19.13		2.65	5.70	18.03		2.04	0.87	1.13		1.16	0.58	0.26	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 12 - Numbers of Other Reported Critical Incidents

This table summarizes the numbers of other types of reported critical incidents.

Client absence without notification was the most common type of these other critical incidents.

	Other Reported Critical Incidents																			
	Client Absence Without Notification for more than 3 Hours				Suspension of a Client from Services				Expulsion of a Client from Services				Arrest of a Client for Violations of Local, State, or Federal Law				Fire or Equipment Failure that has Resulted in Death or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	4	5	5		0	0	0		2	1	0		0	1	0		0	0	0	
Albemarle	6	0	1		0	0	0		0	0	0		0	0	0		0	0	0	
Catawba	0	2	0		0	0	0		0	0	0		0	0	0		0	0	0	
Centerpoint	0	3	1		1	1	3		0	1	1		3	4	3		0	0	0	
Crossroads	5	1	2		0	0	1		0	0	0		0	0	0		0	0	0	
Cumberland	18	24	21		0	0	0		0	0	0		5	2	3		0	0	0	
Durham	13	4	16		0	0	0		0	0	0		5	3	4		0	0	0	
Eastpointe ¹	2	15	8		0	0	0		0	0	0		1	4	4		0	0	0	
Edgecombe-Nash	5	7	2		12	6	4		7	9	12		0	0	3		0	0	0	
Foothills	9	6	2		0	0	1		0	0	0		1	3	2		0	0	1	
Guilford	13	9	12		0	0	0		1	0	0		1	1	2		0	0	0	
Johnston	3	2	5		0	0	1		0	0	0		1	1	0		0	0	0	
Lee-Harnett	2	0	0		0	0	0		0	0	0		1	1	0		0	0	0	
Mecklenburg	75	85	43		5	4	3		5	2	0		16	12	5		0	0	0	
Neuse	0	0	0		0	0	0		0	0	0		1	0	0		0	0	0	
New River	4	3	1		0	0	1		0	1	0		0	1	1		0	0	0	
Onslow	0	1	0		0	1	0		0	0	0		3	0	0		0	0	0	
OPC	3	4	1		5	5	0		1	0	0		0	2	1		0	0	0	
Pathways	16	12	38		9	5	8		4	0	1		8	7	3		0	0	0	
Piedmont ^{1 & 2}	38	14	14		11	1	1		0	3	4		1	8	3		0	0	0	
Pitt	7	8	3		0	0	0		1	1	1		2	2	1		0	0	0	
Riverstone	0	0	0		0	0	1		0	0	0		0	0	1		0	0	0	
Roanoke-Chowan	1	3	9		0	0	0		0	0	0		0	4	1		0	0	0	
Rockingham	0	1	0		0	0	0		0	0	0		0	0	0		0	0	0	
Sandhills ¹	46	11	4		1	1	0		0	0	0		3	4	0		0	0	0	
Smoky Mountain	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
Southeastern Center	4	11	10		0	1	1		0	0	0		2	0	3		0	0	0	
Southeastern Regional	2	2	6		0	0	0		0	0	0		0	1	0		0	0	0	
Tideland	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
VGFW	0	2	0		0	0	0		0	0	0		1	0	1		0	0	0	
Wake	4	21	16		4	2	0		8	0	5		1	1	0		0	0	0	
Western Highlands ^{1 & 2}	5	1	7		0	0	0		11	4	6		0	1	2		0	0	0	
Wilson-Greene	2	1	1		0	0	5		0	0	0		0	0	0		0	0	0	
All AA/CPs Reporting	287	258	228		48	27	30		40	22	30		56	63	43		0	0	1	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 13 - Rate of Other Reported Critical Incidents per 1,000 Active Consumers

This table summarizes other reported critical incidents per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Except for client absence without notification, these other types of critical incidents all had statewide rates of 0.28 or less per 1,000 consumers for all three quarters. As with previous tables the wide variation in rates by local area may be more reflective of reporting differences.

	Other Reported Critical Incidents per 1,000 Active Clients																			
	Client Absence Without Notification for more than 3 Hours				Suspension of a Client from Services				Expulsion of a Client from Services				Arrest of a Client for Violations of Local, State, or Federal Law				Fire or Equipment Failure that has Resulted in Death or Injury			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.78	0.97	0.98		0.00	0.00	0.00		0.39	0.19	0.00		0.00	0.19	0.00		0.00	0.00	0.00	
Albemarle	1.65	0.00	0.31		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Catawba	0.00	0.67	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Centerpoint	0.00	0.27	0.09		0.08	0.09	0.27		0.00	0.09	0.09		0.23	0.36	0.27		0.00	0.00	0.00	
Crossroads	1.06	0.22	0.45		0.00	0.00	0.23		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Cumberland	4.10	5.43	4.62		0.00	0.00	0.00		0.00	0.00	0.00		1.14	0.45	0.66		0.00	0.00	0.00	
Durham	1.92	0.72	2.99		0.00	0.00	0.00		0.00	0.00	0.00		0.74	0.54	0.75		0.00	0.00	0.00	
Eastpointe ¹	0.20	1.57	0.85		0.00	0.00	0.00		0.00	0.00	0.00		0.10	0.42	0.42		0.00	0.00	0.00	
Edgecombe-Nash	1.17	1.80	0.51		2.81	1.54	1.03		1.64	2.31	3.08		0.00	0.00	0.77		0.00	0.00	0.00	
Foothills	0.92	0.60	0.24		0.00	0.00	0.12		0.00	0.00	0.00		0.10	0.30	0.24		0.00	0.00	0.12	
Guilford	0.79	0.53	0.69		0.00	0.00	0.00		0.06	0.00	0.00		0.06	0.06	0.11		0.00	0.00	0.00	
Johnston	1.00	0.67	1.56		0.00	0.00	0.31		0.00	0.00	0.00		0.33	0.33	0.00		0.00	0.00	0.00	
Lee-Harnett	0.46	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.23	0.23	0.00		0.00	0.00	0.00	
Mecklenburg	2.62	2.80	1.32		0.17	0.13	0.09		0.17	0.07	0.00		0.56	0.40	0.15		0.00	0.00	0.00	
Neuse	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.21	0.00	0.00		0.00	0.00	0.00	
New River	0.81	0.62	0.21		0.00	0.00	0.21		0.00	0.21	0.00		0.00	0.21	0.21		0.00	0.00	0.00	
Onslow	0.00	0.23	0.00		0.00	0.23	0.00		0.00	0.00	0.00		0.71	0.00	0.00		0.00	0.00	0.00	
OPC	0.57	0.76	0.17		0.95	0.95	0.00		0.19	0.00	0.00		0.00	0.38	0.17		0.00	0.00	0.00	
Pathways	1.78	1.35	4.17		1.00	0.56	0.88		0.45	0.00	0.11		0.89	0.79	0.33		0.00	0.00	0.00	
Piedmont ^{1 & 2}	4.84	1.90	1.98		1.40	0.14	0.14		0.00	0.41	0.57		0.13	1.08	0.42		0.00	0.00	0.00	
Pitt	1.67	1.88	0.70		0.00	0.00	0.00		0.24	0.23	0.23		0.48	0.47	0.23		0.00	0.00	0.00	
Riverstone	0.00	0.00	0.00		0.00	0.00	0.27		0.00	0.00	0.00		0.00	0.00	0.27		0.00	0.00	0.00	
Roanoke-Chowan	0.28	0.80	2.26		0.00	0.00	0.00		0.00	0.00	0.00		0.00	1.06	0.25		0.00	0.00	0.00	
Rockingham	0.00	0.40	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Sandhills ¹	5.57	1.30	0.46		0.12	0.12	0.00		0.00	0.00	0.00		0.36	0.47	0.00		0.00	0.00	0.00	
Smoky Mountain	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Southeastern Center	0.58	1.59	1.45		0.00	0.14	0.15		0.00	0.00	0.00		0.29	0.00	0.44		0.00	0.00	0.00	
Southeastern Regional	0.23	0.23	0.68		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.12	0.00		0.00	0.00	0.00	
Tideland	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
VGFW	0.00	0.51	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.25	0.00	0.25		0.00	0.00	0.00	
Wake	0.52	2.47	1.74		0.52	0.24	0.00		1.05	0.00	0.54		0.13	0.12	0.00		0.00	0.00	0.00	
Western Highlands ^{1 & 2}	0.53	0.11	0.77		0.00	0.00	0.00		1.18	0.44	0.66		0.00	0.11	0.22		0.00	0.00	0.00	
Wilson-Greene	0.36	0.18	0.17		0.00	0.00	0.86		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
All AA/CPs Reporting	1.25	1.13	0.98		0.21	0.12	0.13		0.17	0.10	0.13		0.24	0.28	0.19		0.00	0.00	0.004	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	0.57	0.62	0.46		0.00	0.00	0.00		0.00	0.00	0.00		0.10	0.12	0.15		0.00	0.00	0.00	
Maximum	5.57	5.43	4.62		2.81	1.54	1.03		1.64	2.31	3.08		1.14	1.08	0.77		0.00	0.00	0.12	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 14 - Numbers of Consumers in Restraint or Seclusion at Time of Critical Incidents

This table summarizes the numbers of consumers who were in restraint or seclusion at the time of a critical incident.

Of the reported cases, nearly all were situations where physical restraint was being used.

	Reported Cases of Consumer in Restraint or Seclusion at Time of Critical Incident															
	Total Cases of Restraint or Seclusion (unduplicated)				Physically Restrained				Chemically Restrained				In Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0	0	1		0	0	1		0	0	0		0	0	0	
Albemarle	8	11	15		17	11	15		0	0	0		0	0	0	
Catawba	0	24	27		0	24	27		0	0	0		0	0	0	
Centerpoint	0	0	0		0	0	0		0	0	0		0	0	0	
Crossroads	16	0	0		0	0	0		0	0	0		0	0	0	
Cumberland	1	3	0		1	3	0		0	0	0		0	0	0	
Durham	0	1	5		0	1	4		0	0	0		0	0	1	
Eastpointe ¹	0	0	5		0	0	5		0	0	0		0	0	0	
Edgecombe-Nash	0	0	0		0	0	0		0	0	0		0	0	0	
Foothills	0	0	0		0	0	0		0	0	0		0	0	0	
Guilford	0	0	0		0	0	0		0	0	0		0	0	0	
Johnston	3	4	3		3	6	3		0	0	0		0	0	0	
Lee-Harnett	0	0	1		0	0	1		0	0	0		0	0	0	
Mecklenburg	104	100	4		98	97	4		6	0	0		0	4	0	
Neuse	0	0	1		0	0	1		0	0	0		0	0	0	
New River	16	1	0		16	1	0		0	0	0		0	0	0	
Onslow	11	4	8		11	4	8		0	0	0		0	0	0	
OPC	0	0	0		0	0	0		0	0	0		0	0	0	
Pathways	31	18	7		29	18	6		0	0	0		2	0	1	
Piedmont ^{1 & 2}	55	76	85		51	68	85		0	0	0		3	8	0	
Pitt	0	1	0		0	1	0		0	0	0		0	0	0	
Riverstone	0	0	1		0	0	0		0	0	1		0	0	0	
Roanoke-Chowan	0	1	0		0	1	0		0	0	0		0	0	0	
Rockingham	1	0	0		1	0	0		0	0	0		0	0	0	
Sandhills ¹	1	3	1		1	3	1		0	0	0		0	0	0	
Smoky Mountain	1	0	0		1	0	0		0	0	0		0	0	0	
Southeastern Center	0	7	68		0	7	68		0	0	0		0	0	0	
Southeastern Regional	9	0	12		9	0	12		0	0	0		0	0	0	
Tideland	0	0	0		0	0	0		0	0	0		0	0	0	
VGFW	0	0	0		0	0	0		0	0	0		0	0	0	
Wake	2	2	2		2	2	2		0	0	0		0	0	0	
Western Highlands ^{1 & 2}	0	1	12		0	1	12		0	0	0		0	0	0	
Wilson-Greene	1	1	2		1	1	2		0	0	0		0	0	0	
All AA/CPs Reporting	260	258	260		241	249	257		6	0	1		5	12	2	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 15 - Rate of Reported Cases of Consumers in Restraint or Seclusion at Time of Critical Incident per 1,000 Active

This table summarizes the rates of reported use of restraint or seclusion at the time of critical incidents per 1,000 active consumers. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide the rate of reported use of seclusion or restraint at the time of a critical incident was 1.12 per 1,000 active consumers in the third quarter. The wide variation in rates is like due to the small numbers and incomplete reporting.

	Rate of Reported Cases of Consumers in Restraint or Seclusion at Time of Critical Incident per 1,000 Active Consumers															
	Total Cases of Restraint or Seclusion (unduplicated)				Physically Restrained				Chemically Restrained				In Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.00	0.00	0.20		0.00	0.00	0.20		0.00	0.00	0.00		0.00	0.00	0.00	
Albemarle	2.20	3.28	4.68		4.67	3.28	4.68		0.00	0.00	0.00		0.00	0.00	0.00	
Catawba	0.00	8.05	8.67		0.00	8.05	8.67		0.00	0.00	0.00		0.00	0.00	0.00	
Centerpoint	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Crossroads	3.40	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Cumberland	0.23	0.68	0.00		0.23	0.68	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Durham	0.00	0.18	0.94		0.00	0.18	0.75		0.00	0.00	0.00		0.00	0.00	0.19	
Eastpointe ¹	0.00	0.00	0.53		0.00	0.00	0.53		0.00	0.00	0.00		0.00	0.00	0.00	
Edgecombe-Nash	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Foothills	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Guilford	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Johnston	1.00	1.33	0.93		1.00	2.00	0.93		0.00	0.00	0.00		0.00	0.00	0.00	
Lee-Harnett	0.00	0.00	0.23		0.00	0.00	0.23		0.00	0.00	0.00		0.00	0.00	0.00	
Mecklenburg	3.63	3.30	0.12		3.42	3.20	0.12		0.21	0.00	0.00		0.00	0.13	0.00	
Neuse	0.00	0.00	0.19		0.00	0.00	0.19		0.00	0.00	0.00		0.00	0.00	0.00	
New River	3.25	0.21	0.00		3.25	0.21	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Onslow	2.59	0.92	1.77		2.59	0.92	1.77		0.00	0.00	0.00		0.00	0.00	0.00	
OPC	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Pathways	3.45	2.03	0.77		3.23	2.03	0.66		0.00	0.00	0.00		0.22	0.00	0.11	
Piedmont ^{1 & 2}	7.01	10.30	12.02		6.50	9.21	12.02		0.00	0.00	0.00		0.38	1.08	0.00	
Pitt	0.00	0.23	0.00		0.00	0.23	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Riverstone	0.00	0.00	0.27		0.00	0.00	0.00		0.00	0.00	0.27		0.00	0.00	0.00	
Roanoke-Chowan	0.00	0.27	0.00		0.00	0.27	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Rockingham	0.41	0.00	0.00		0.41	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Sandhills ¹	0.12	0.35	0.12		0.12	0.35	0.12		0.00	0.00	0.00		0.00	0.00	0.00	
Smoky Mountain	0.16	0.00	0.00		0.16	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Southeastern Center	0.00	1.01	9.87		0.00	1.01	9.87		0.00	0.00	0.00		0.00	0.00	0.00	
Southeastern Regional	1.05	0.00	1.37		1.05	0.00	1.37		0.00	0.00	0.00		0.00	0.00	0.00	
Tideland	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
VGFW	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Wake	0.26	0.24	0.22		0.26	0.24	0.22		0.00	0.00	0.00		0.00	0.00	0.00	
Western Highlands ^{1 & 2}	0.00	0.11	1.32		0.00	0.11	1.32		0.00	0.00	0.00		0.00	0.00	0.00	
Wilson-Greene	0.18	0.18	0.34		0.18	0.18	0.34		0.00	0.00	0.00		0.00	0.00	0.00	
All AA/CPs Reporting	1.13	1.13	1.12		1.05	1.09	1.11		0.03	0.00	0.00		0.02	0.05	0.01	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	
Median	0.00	0.11	0.19		0.00	0.11	0.12		0.00	0.00	0.00		0.00	0.00	0.00	
Maximum	7.01	10.30	12.02		6.50	9.21	12.02		0.21	0.00	0.27		0.38	1.08	0.19	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 16 - Numbers of Total Reported Uses and Consumers in Seclusion and Restraint

This table summarizes all the reported uses of restraint or seclusion including cases where no critical incident happened. Because of the wording of this reporting requirement, not all providers may be reporting this information to local area authorities. It may be limited to contract providers.

This reporting of all uses of seclusion and restraint is higher, but physical restraint again represents nearly all of the reported cases.

	Reported Uses												Number of Consumers Restrained or Secluded											
	Physical Restraint				Chemical Restraint				Seclusion				Physical Restraint				Chemical Restraint				Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0	10	26		0	0	0		0	0	0		0	3	8		0	0	0		0	0	0	
Albemarle	17	11	15		0	0	0		0	0	0		8	7	10		0	0	0		0	0	0	
Catawba	35	24	27		0	0	0		0	0	0		10	18	22		0	0	0		0	0	0	
Centerpoint	12	7	12		0	0	0		1	0	2		8	4	6		0	0	0		1	0	2	
Crossroads	13	69	72		0	0	0		3	9	37		13	24	26		0	0	0		3	3	7	
Cumberland	36	14	46		0	0	0		0	0	0		21	11	22		0	0	0		0	0	0	
Durham	2	1	4		0	0	0		0	0	1		2	1	3		0	0	0		0	0	1	
Eastpointe ¹	154	184	233		0	0	0		0	0	0		11	11	18		0	0	0		0	0	0	
Edgecombe-Nash	33	21	8		0	0	0		0	0	0		11	8	6		0	0	0		0	0	0	
Foothills	22	34	12		0	0	0		0	0	0		15	19	8		0	0	0		0	0	0	
Guilford	23	7	9		0	0	0		0	0	0		8	1	3		0	0	0		0	0	0	
Johnston	0	0	0		0	0	0		0	0	0		0	0	0		0	0	0		0	0	0	
Lee-Harnett	1	1	2		0	0	0		0	0	0		1	1	2		0	0	0		0	0	0	
Mecklenburg	98	97	21		6	0	0		0	4	4		42	53	17		4	0	0		0	4	4	
Neuse	19	7	13		0	0	0		0	0	0		3	4	5		0	0	0		0	0	0	
New River	16	17	6		0	0	0		0	0	0		5	9	5		0	0	0		0	0	0	
Onslow	11	4	1		0	0	0		0	0	0		6	3	8		0	0	0		0	0	0	
OPC	2	0	1		0	0	0		0	0	0		2	0	1		0	0	0		0	0	0	
Pathways	19	13	6		0	0	0		2	0	1		19	13	6		0	0	0		2	0	1	
Piedmont ^{1 & 2}	51	68	85		0	0	0		3	8	0		29	63	42		0	0	0		1	7	0	
Pitt	0	15	0		0	0	0		0	0	0		0	1	0		0	0	0		0	0	0	
Riverstone	0	0	0		0	0	1		0	0	0		0	0	0		0	0	1		0	0	0	
Roanoke-Chowan	0	1	0		0	0	0		0	0	0		0	1	0		0	0	0		0	0	0	
Rockingham	1	0	0		0	0	0		0	0	0		1	0	0		0	0	0		0	0	0	
Sandhills ¹	86	37	12		0	0	0		0	0	0		16	15	9		0	0	0		0	0	0	
Smoky Mountain	1	1	0		0	0	0		0	0	0		1	1	0		0	0	0		0	0	0	
Southeastern Center	40	6	68		0	0	0		0	0	0		40	6	15		0	0	0		0	0	0	
Southeastern Regional	59	18	14		0	0	0		2	7	0		24	11	9		0	0	0		2	4	0	
Tideland	8	0	0		0	0	0		0	0	0		6	0	0		0	0	0		0	0	0	
VGFW	1	2	1		0	0	0		5	3	5		1	2	1		0	0	0		5	3	3	
Wake	0	2	15		0	0	1		0	0	1		0	2	11		0	0	1		0	0	1	
Western Highlands ^{1 & 2}	20	6	12		0	0	0		0	0	0		17	3	5		0	0	0		0	0	0	
Wilson-Greene	1	3	4		0	0	0		0	0	0		1	3	2		0	0	0		0	0	0	
All AA/CPs Reporting	781	680	725		6	0	2		16	31	51		321	298	270		4	0	2		14	21	19	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.

Table 17 - Rate of Reported Total Use of Seclusion and Restraint

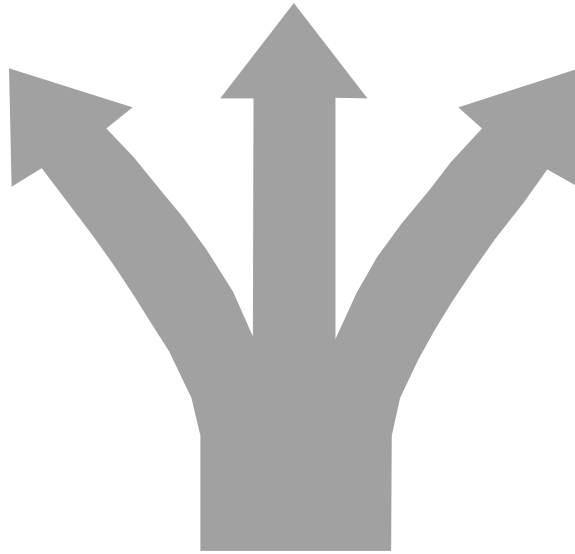
This table summarizes rates of all reported uses of restraint or seclusion per 1,000 active consumers. This includes cases where no critical incident occurred. These rates offer a better comparison measure than the actual numbers due to the significant variation in program size.

Statewide, the reported uses of physical restraint was 2.90 per 1,000 active consumers in the second quarter and represents nearly all the reported cases. This represents a drop on average statewide, but the pattern is not consistent from across all programs. On average, physical restraints were used 2.3 times per consumer who was restrained during the quarter.

	Use of Restraint or Seclusion per 1,000 Active Consumer												Average Uses of Restraint or Seclusion per Consumer											
	Physical Restraint				Chemical Restraint				Seclusion				Physical Restraint				Chemical Restraint				Seclusion			
	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr	1st Qtr	2nd Qtr	3rd Qtr	4th Qtr
Alamance-Caswell	0.00	1.94	5.09		0.00	0.00	0.00		0.00	0.00	0.00		None	3.3	3.3		None	None	None		None	None	None	
Albemarle	4.67	3.28	4.68		0.00	0.00	0.00		0.00	0.00	0.00		2.1	1.6	1.5		None	None	None		None	None	None	
Catawba	12.54	8.05	8.67		0.00	0.00	0.00		0.00	0.00	0.00		3.5	1.3	1.2		None	None	None		None	None	None	
Centerpoint	0.91	0.62	1.08		0.00	0.00	0.00		0.08	0.00	0.18		1.5	1.8	2.0		None	None	None		1.0	None	1.0	
Crossroads	2.76	15.05	16.23		0.00	0.00	0.00		0.64	1.96	8.34		1.0	2.9	2.8		None	None	None		1.0	3.0	5.3	
Cumberland	8.20	3.17	10.12		0.00	0.00	0.00		0.00	0.00	0.00		1.7	1.3	2.1		None	None	None		None	None	None	
Durham	0.30	0.18	0.75		0.00	0.00	0.00		0.00	0.00	0.19		1.0	1.0	1.3		None	None	None		None	None	1.0	
Eastpointe ¹	15.38	19.21	24.71		0.00	0.00	0.00		0.00	0.00	0.00		14.0	16.7	12.9		None	None	None		None	None	None	
Edgecombe-Nash	7.73	5.39	2.05		0.00	0.00	0.00		0.00	0.00	0.00		3.0	2.6	1.3		None	None	None		None	None	None	
Foothills	2.24	3.42	1.44		0.00	0.00	0.00		0.00	0.00	0.00		1.5	1.8	1.5		None	None	None		None	None	None	
Guilford	1.40	0.41	0.52		0.00	0.00	0.00		0.00	0.00	0.00		2.9	7.0	3.0		None	None	None		None	None	None	
Johnston	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		None	None	None		None	None	None		None	None	None	
Lee-Harnett	0.23	0.23	0.46		0.00	0.00	0.00		0.00	0.00	0.00		1.0	1.0	1.0		None	None	None		None	None	None	
Mecklenburg	3.42	3.20	0.64		0.21	0.00	0.00		0.00	0.13	0.12		2.3	1.8	1.2		1.5	None	None		None	1.0	1.0	
Neuse	4.00	1.32	2.41		0.00	0.00	0.00		0.00	0.00	0.00		6.3	1.8	2.6		None	None	None		None	None	None	
New River	3.25	3.51	1.25		0.00	0.00	0.00		0.00	0.00	0.00		3.2	1.9	1.2		None	None	None		None	None	None	
Onslow	2.59	0.92	0.22		0.00	0.00	0.00		0.00	0.00	0.00		1.8	1.3	0.1		None	None	None		None	None	None	
OPC	0.38	0.00	0.17		0.00	0.00	0.00		0.00	0.00	0.00		1.0	None	1.0		None	None	None		None	None	None	
Pathways	2.12	1.46	0.66		0.00	0.00	0.00		0.22	0.00	0.11		1.0	1.0	1.0		None	None	None		1.0	None	1.0	
Piedmont ^{1 & 2}	6.50	9.21	12.02		0.00	0.00	0.00		0.38	1.08	0.00		1.8	1.1	2.0		None	None	None		3.0	1.1	None	
Pitt	0.00	3.52	0.00		0.00	0.00	0.00		0.00	0.00	0.00		None	15.0	None		None	None	None		None	None	None	
Riverstone	0.00	0.00	0.00		0.00	0.00	0.27		0.00	0.00	0.00		None	None	None		None	None	1.0		None	None	None	
Roanoke-Chowan	0.00	0.27	0.00		0.00	0.00	0.00		0.00	0.00	0.00		None	1.0	None		None	None	None		None	None	None	
Rockingham	0.41	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		1.0	None	None		None	None	None		None	None	None	
Sandhills ¹	10.41	4.36	1.38		0.00	0.00	0.00		0.00	0.00	0.00		5.4	2.5	1.3		None	None	None		None	None	None	
Smoky Mountain	0.16	0.15	0.00		0.00	0.00	0.00		0.00	0.00	0.00		1.0	1.0	None		None	None	None		None	None	None	
Southeastern Center	5.81	0.87	9.87		0.00	0.00	0.00		0.00	0.00	0.00		1.0	1.0	4.5		None	None	None		None	None	None	
Southeastern Regional	6.91	2.09	1.59		0.00	0.00	0.00		0.23	0.81	0.00		2.5	1.6	1.6		None	None	None		1.0	1.8	None	
Tideland	1.45	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		1.3	None	None		None	None	None		None	None	None	
VGFW	0.25	0.51	0.25		0.00	0.00	0.00		1.24	0.76	1.27		1.0	1.0	1.0		None	None	None		1.0	1.0	1.7	
Wake	0.00	0.24	1.63		0.00	0.00	0.11		0.00	0.00	0.11		None	1.0	1.4		None	None	1.0		None	None	1.0	
Western Highlands ^{1 & 2}	2.14	0.66	1.32		0.00	0.00	0.00		0.00	0.00	0.00		1.2	2.0	2.4		None	None	None		None	None	None	
Wilson-Greene	0.18	0.53	0.69		0.00	0.00	0.00		0.00	0.00	0.00		1.0	1.0	2.0		None	None	None		None	None	None	
All AA/CPs Reporting	3.41	2.98	3.13		0.03	0.00	0.01		0.07	0.14	0.22		2.4	2.3	2.7		1.5	None	1.0		1.1	1.5	2.7	
Minimum	0.00	0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00		1.00	1.00	0.13		1.50	None	None		1.00	1.00	1.00	
Median	2.12	0.92	1.08		0.00	0.00	0.00		0.00	0.00	0.00		1.50	1.60	1.50		1.50	None	None		1.00	1.14	1.00	
Maximum	15.38	19.21	24.71		0.21	0.00	0.27		1.24	1.96	8.34		14.00	16.73	12.94		1.50	None	None		3.00	3.00	5.29	

¹ Programs which changed catchment area at some point over last year. See page 10.

² Programs which have missing data in second quarter due to partial non-reporting. See page 10.



Please give us feedback so we can improve these reports by making them more informative and more useful to you!

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